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|  | **Tennessee Department of Human Services**  **Criminal Background Check Transfer** |

**Child and Adult Care Agencies:** If you hire an employee that has been fingerprinted within the last ninety (90) days, please complete this form to transfer their background check clearance to your agency. Individuals may not be fingerprinted more than once within a ninety (90) days period. **Applicants:** Please print/type and complete all sections below.

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| **Please return this completed form to the Tennessee Department of Human Services. For additional information, you may also contact us by phone at: 615-313-5147.** | |
| Please complete entire form. | **Email:**  [CC-Criminal-Background-Inquiries.DHS@tn.gov](mailto:CCbackground.DHS@tn.gov) |

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| **Applicant Information** | | | | | | | | | |
| Current Legal Name (Last Name, First Name, Middle Initial): | | | | | | | Date of Birth: | | |
| SSN: | | Telephone #:  (     ) | | | | County of Residence: | | | |
| Current Home Mailing Address: | | | | City: | | | State:  Choose an item. | | Zip Code: |
| **Yes, I will be a driver for this agency.** Please provide the following: | Driver’s License #: | | DL Expiration:    / | | State of issuing DL:  Choose an item. | | | DL Endorsement(s): | |

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| **Current Agency Information** (where you were fingerprinted within the last 90 days) | | | | | |
| Name of Current Agency: | | | | | |
| Address of Current Agency: | | City: | | State:  Choose an item. | Zip Code: |
| FEIN# & EXT#: (If Known) | Start Date: | | If you no longer work at this agency, what was your termination date? | | |

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| **New Agency Information** (where you are transferring to) | | | | | |
| Name of New Agency: | | | | | |
| Address of New Agency: | | City: | | State:  Choose an item. | Zip Code: |
| FEIN#: & EXT#: | Start Date: | | **Yes, I will be working for both of the above agencies.** | | |
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